

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 578899

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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7	/					
8	/					
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16	/					
17	2					
18	2					
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TOTAL IND.	12	↓	9	↓		↓
TOTAL DEP.	13	←	5	←		←
TOTAL CLAIMS	25		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←